

**ORIGINAL****SCANNED****CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

**STATEMENT OF ECONOMIC INTERESTS**Date Received  
Official Use Only**COVER PAGE**

11 JAN 21 AM 11:28

SAN FRANCISCO  
ETHICS COMMISSION

2011 Public Document

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NAME OF FILER (LAST) (FIRST) (MIDDLE) BY

Lee Edwin Mah

**1. Office, Agency, or Court**

Agency Name

City &amp; County of San Francisco

Division, Board, Department, District, if applicable

Office of the Mayor

Your Position

Mayor

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**☐ State☐ Judge (Statewide Jurisdiction)☐ Multi-County \_\_\_\_\_☒ County of San Francisco☒ City of San Francisco☐ Other \_\_\_\_\_**3. Type of Statement (Check at least one box)**☐ Annual: The period covered is January 1, 2010, through December 31, 2010.☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.☒ Assuming Office: Date 01 / 11 / 11☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: \_\_\_\_\_

☐ Schedule A-1 - Investments - schedule attached☐ Schedule C - Income, Loans, & Business Positions - schedule attached☐ Schedule A-2 - Investments - schedule attached☐ Schedule D - Income - Gifts - schedule attached☐ Schedule B - Real Property - schedule attached☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I have used all reasonable diligence in preparing this statement. I have reviewed the herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed 1/14/11  
(month, day, year)

Signature

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MAY 31 2010

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NAME (LAST) <b>LEE</b>	(FIRST) <b>EDWIN</b>	(MIDDLE) <b>MAH</b>	CITY ADMINISTRATOR'S DAYTIME TELEPHONE NUMBER (d)(5)
MAILING ADDRESS (d)(5)	STREET	CITY	STATE ZIP CODE
OPTIONAL: E-MAIL ADDRESS			

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:  
**GENERAL SERVICES AGENCY - CITY ADMINISTRATOR**

Division, Board, District, if applicable:  
**CITY ADMINISTRATOR / RATE FAIRNESS**

Your Position: **BOARD MEMBER**

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: **GSA**

Position: **COUNTY CLERK**

**2. Jurisdiction of Office (Check at least one box)**

- ☐ State
- ☒ County of **SAN FRANCISCO**
- ☐ City of \_\_\_\_\_
- ☐ Multi-County \_\_\_\_\_
- ☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

- ☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☒ Annual: The period covered is January 1, 2009, through December 31, 2009.
- or-
- ☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2009.
- ☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- ☐ The period covered is January 1, 2009, through the date of leaving office.
- or-
- ☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- ☐ Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages including this cover page: \_\_\_\_\_

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached  
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached  
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached  
Real Property

Schedule C ☐ Yes - schedule attached  
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached  
Income - Gifts

Schedule E ☐ Yes - schedule attached  
Income - Gifts - Travel Payments

-or-

☒ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed **03/31/10**

Signature (d)(5)

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FAIR POLITICAL  
PRACTICES COMMISSION

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
Name \_\_\_\_\_

**SCHEDULE D**  
**Income - Gifts**

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► NAME OF SOURCE  
ARTS Commission  
ADDRESS (Business Address Acceptable)  
PROMOTION OF ARTS FOR CITY  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07/18/09	\$ 140	2 Symphony tickets
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE  
Professional Golf Association (PGA)  
ADDRESS (Business Address Acceptable)  
Professional Sports - HARDING PARK, ST  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/11/09	\$ 150	2 tickets for Presidents Cup
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: \_\_\_\_\_